ROUTING SLIP FOR INVOICES

DATE June 18, 2018	CONTRACTOR Fam	ily Values
	CFMS 2000234086	
	MONTH OF SERVICE	May 2018
TO Shropshire		
INITIAL REVIEW	DATE	07/23/18
FSPS2 REVIEW	DATE	
Program Manager 1/2	25/18 DATE	
POSTED TO SPREADSHEET 0	7/24/18	
SENT TO FISCAL	EQUIPMENT TO BE 1	ragged?
ADVANCE RECOUPMENT?	 	
COMMENTS:		



DEPARTMENT OF CHILDREN AND FAMILY SERVICES Cost Reimbursement Invoice Form

Family Values Resource Institute, Inc, Contractor Name	MAY 2018
Contractor Name	Service Period —
7515 Scenic Highway Malling Address	2000234086 Contract/CFMS#
Baton Rouge, LA 70807 City, State, Zip	234086 - 0518 Invoice Number

- Barbara Thomas / 225-359-9001 Contact Person/Telephone Number

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,374.99	\$143,749.93	\$158,124.92	\$14,375.08	(6)
FRINGE BENEFITS	\$22,235.25	\$1,630.11	\$12,057.64	\$13,687.75	\$8,547.50	
TRAVEL	\$1,000.00	\$0.00	\$782.90	\$ 782.90	\$ 217.10	
OPERATING SERVICES	\$52,564.75	\$3,180.54	\$43,499.88	\$46,680.42	\$5,884.33	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$4,309.72	\$51,780.63	\$56,090.35	\$7,809.65	
OTHER CHARGES	\$216,000.00	\$17,600.00	\$168,200.00	\$185,800.00	\$30,200.00	
EQUIPMENT/ ACQUISITIONS	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$ 0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	\$41,095.36	\$421,070.98	\$462,166.34	\$67,033.66	\$ 0.00

INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00		
TOTALS	\$529,200.00	\$41,095.36	\$421,070.98	\$462,166.34	\$67,033.66	\$ 0.00		
Contractor Certification I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract. Signature of Authorized Contractor Representative and Title FOR DCFS USE ONLY								
DCFS invoice Number	Org 4274 Org Org	Obj 3740 Obj	Rep Cat 507/ Rep Cat	Sub Obj Sub Obj	ACTV ACTV			
Program Compliance Approval	and deliverables ha	penditures have be ave been received.	w hogra	rdance with conf	· 7/28	m guidelines		

	d.		

A grant property of the property

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	97.090,26	z \$	SUBTOTAL
	00.0	\$	Ednipment
	00.0	\$	Electronic Payroll Transaction Fees
	09.209	\$	Maintenance
	00.0	\$	Insurance
+222	00.0	\$	aotibuA
	00.006	\$ \$ \$ \$ \$	Evaluator
	00.008	\$	Public Relations Consultant
	00.009,71	\$	Subcontractors
	27.609,2	\$	Accounting/Bookkeeping Services
	422.00	\$	Online Client Database
	75.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ləmətri
	250.00	\$	<u>T</u> elephone
	00.0	\$	Service Provider Tm.
	988.49	\$	Seilpplies
	99.6	\$	Postage
	00.0	\$	Travel
	06.961	\$	Copier Lease
	00.0	\$	gnitin'i 9
	00.0	\$	Utilities
	1,200.00	\$	Rent
			OTHER EXPENSES:
	16,005.10	\$	JATOTBUS
	11.089,1	\$	Fringes
	2,083.33		Client Svcs. Coord./Care Provider
	2,083.33		Data Entry Specialist
	2,041.66		Compliance Coordinator

TOTA! INVOICE AMOLINT \$41,095.36



RESTRICTED FUNDS P O BOX 74403

BATON ROUGE LA 70874

110000 001

FAMILY VALUES RESOURCE INSTITUTE INC





Page: 1 of 1

Statements Dates

05/01/2018 - 05/31/2018

Account Number:

Images:

0

ZERO CHECKS EO

Received JUN 18 2018 DCFS Economic Stability

ON 5/25/18, WE BECAME HANCOCK WHITNEY BANK. VISIT HANCOCKWHITNEY.COM/OUR-NEXT-STEP FOR MORE DETAILS AND FAQS.

Checking Account Summary

PREVIOUS BALANCE

5 CREDITS

5 DEBITS

SERVICE CHARGES

INTEREST PAID

ENDING BALANCE

AVERAGE BAI ANCE

YTD INTEREST PAID

* * * * * * * * CHECKING ACCOUNT TRANSACTIONS * * * * * * * *

Deposits and Other Credits

Amount Description

Date

Amount

Description



Other Debits

Amount

Description

Date

Amount

Description

6,911.22

PAYROLL

PAYCHEX INC.

018131009527666CCD

PAYROLL

PAYCHEX INC. 018145002209934CCD

Balance By Date

Date

Balance

Date

Balance



Received

JUN 18 2018

An After-the-Fact Distribution of Efffort Form must be completed by each employee working on DCFS projects funded in whole or in part from external sources. **Economic Stability**

Name: Allison Davis

Month/Year:

Provide a breakdo	vn of your responsibilities	for this month.	Keep in mind
-------------------	-----------------------------	-----------------	--------------

- 1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
- 2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
- 3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:	LA Alliance For Life	
List Major Work Performed		% of Time
Client data entry		
Taught individual prenatal classes		15% 85%
	Total % of Time	
	on Project:	100%
Sponsored Project:		
List Major Work Performed		of Time
	Total % of Time	
	on Project:	
Sponsored Project:		
ist Major Work Performed	9%	of Time
	Total % of Time	
	on Project:	
21.		
The same of the sa	6/11/2018	
moloyee signature	Date	
Onrhara Moma	1/4/2010	



An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Michael Ferris	Month/Year:	MAY 2018	
Provide a breakdown of your responsibilities for 1. 100% of effort is an employee's total hours accemployment regardless of the percent FTE listed. The combined % of time on major work perfort time on Project. 3. The combined total effort on all projects reports.	ctually spent on work d on the appointmen ormed for a project m	within the scope of l t. ust equal must equa	
Sponsored Project:	Louisio	ana Ailiance For Life	
ist Major Work Performed			% of Time
Collect, Review and Approve Subcontractor Re			40%
rielding and Answering Calls and emails from S	ubcontractors		25%
Creating and updating forms and files			25%
Creating new forms			10%
		Total % of Time on Project:	100%
ponsored Project:	Louisiana Ali	iance For Life - conti	
ist Major Work Performed		 -	% of Time
		Total % of Time	
		on Project:	100%
ponsored Project:			
ist Major Work Performed			% of Time
	· · · · · · · · · · · · · · · · · · ·		
		Total % of Time on Project:	
hiployee Signature		6818 Date	-



An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Patricia Brown Month/Year: May-18	
Provide a breakdown of your responsibilities for this month. Keep in mind: 1. 100% of effort is an employee's total hours actually spent on work within the scope of employment regardless of the percent FTE listed on the appointment. 2. The combined % of time on major work performed for a project must equal must equal % of time on Project. 3. The combined total effort on all projects reported must equal 100%.	
Sponsored Project: Louisiana Alliance For Life	
List Major Work Performed	% of Time
Data Entry - Enter client data into database; Prepare and submit monthly reports	309
Receptionist Duties - Answer phone and schedule appointments	309
Counseling - Give pregnancy test and referrels based on need, complete TANF paperwo	309
Community Outreach	109
Total % of Time on Project:	1009
Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time	
on Project:	
Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time	
on Project:	
Employee Signature Approval Signature Sign	



Month/Year: May-18

An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources. Name: Shirley Walker

Provide a breakdown of your responsibilities for this month. Keep in mind: 1. 100% of effort is an employee's total hours actually spent on work within the scope of employment regardless of the percent FTE listed on the appointment. 2. The combined % of time on major work performed for a project must equal must equ % of time on Project. 3. The combined total effort on all projects reported must equal 100%.	
Sponsored Project:	
List Major Work Performed	% of Time
Counseling: Consult w/ clients, give pregnancy tests & complete TANF paperwork	70%
Coordinate client services such as scheduling, referral information, chart preparation,	15%
answering phones, etc	
Supervise front office, train counselors and volunteers; Assist counselors w/ questions	10%
Total % of Time on Project:	
Sponsored Project:	
List Major Work Performed	% of Time
regarding client services, paperwork, etc; Assist with Quarterly mailout	70 01 11110
Keep track of supplies needed for client services such as pregnancy tests, cups & charts	5%
	- 0,0
Total % of Time on Project:	100%
Sponsored Project:	
ist Major Work Performed	% of Time
	T.
	<u> </u>
Total % of Time on Project:	•
Shirley bulker Date Date Date	



An After-the-Fact Distribution of Efffort Forn	n must be completed by each employee w	orkina on
projects funded in who	le or in part from external sources.	
Name: Barbara Thomas	Month/Year: May-18	
Provide a breakdown of your responsibilities	c for this month. Know in mind.	
1 100% of effort is an employee's total here	s for this month. Keep in mind;	
1. 100% of effort is an employee's total hour	s actually spent on work within the scope o	of his or her
employment regardless of the percent FTE li	isted on the appointment.	
2. The combined % of time on major work p	erformed for a project must equal must equ	ual the
Total % of time on Project.		
3. The combined total effort on all projects i	reported must equal 100%.	
Sponsored Project: Work Performed	LA Alliance for Life - Project Directo - 9	% of Time
Develop/Maintain relationships with Partner	Pregnancy Centers	30%
Supervise program operations for the Wome	en's Help Center	15%
Counsel Women at the Women's Help Cent	er (Emergency situations only)	0%
Compliance: Oversee compliance for all su	ubcontractors	20%
Comopliance Visits & Training		0%
Worked close with Program Evaluator to imp	plement evaluation pan	E07
Review and approve timesheets, employee	absences etc	5%
Review and approve financial transactions, i.e.,	Vendor and subcontractor payments, etc.	5% 5%
Primary spokeperson and media representa	tive for LA Alliance for Life (LAL)	
Staff Meetings	THE TOT BY MINDING TOT LITE (LAL)	5% 5%
		3/6
Total % of Time on Project:		90%
		7070
Sponsored Project: Work Performed	Family Values Resource Institute, Inc. %	of Time
Attending Board Planning Meetings		
Staff/Meeting Training		
Fundraising Planning		
Totgl/% of Time on Project:		10%
Barbara Hlomas	5/31/18	0
Employee Stanature		
Ball/Noll: 11	Date / / / /	
A STATE OF THE STA		
Approval Signature: Gail Holling EVPL Board V	Tion Desident	

Date



Month/Year:

5/1/2018

An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources. Name: Talisha Davis

Provide a breakdown of your responsibilities for this month. Keep in mind: 1. 100% of effort is an employee's total hours actually spent on work within the scope of employment regardless of the percent FTE listed on the appointment.	his or her
2. The combined % of time on major work performed for a project must equal must equal % of time on Project.	al the Total
3. The combined total effort on all projects reported must equal 100%.	
Sponsored Project: LA Alliance For Life	2
List Major Work Performed	% of Time
Programmatic Contract Review & other meetings, confernce calls for new grant period	40
Communication w/ Sub-Contractors- questions & expectations & compliance	30
Total % of Time	
on Project:	70
Sponsored Project: Family Values Resource Institu	te
List Major Work Performed	% of Time
Counseling Clients - Pregnancy Testing & providing referrals as needed	• 10
Prepare and assemble FOL Mailing	10
Assist with grant preparation	10
Total % of Time	
on Project:	30
Sponsored Project:	
ist Major Work Performed	% of Time
	70 01 11110
Total % of Time	
on Project:	
Salisha G. Davis Employee Signature Carliara & Homa Date 10/5/18 Date	
Date	

PAYROLL JOURNAL

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CHILDIE NAME	HOURS, EARNINGS, REIMBORSEMEN	2 '09'	EIMDORSE		OB CITER PAIMENIO		2	CECCHICAS	2	OLIVOUR I	0770
9	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		••		••	ALLOCATIONS	 2 2
Brown, Patricia A 35 DOAC TO TO STAFF BLWEEGLY	LAL Hours			1,041		Social Security Medicare Fed Income Tax LA Income Tax	27.78 27.00 27.00	STD Post-Tax	. K	2 Direct Deposit # 6827 Check Amt Chkg 0017	827 0.00 820.44
2	EMPLOYEE	TOTAL		1.041.66			18450		38.72	2 Net Pay	820.44
Davis, Allison	LAL Hours			1,041,86		Social Security Medicare LA Income Tax		STD Post-Tax	26.97	Check Amt Chkg 3799	928 0.00 910.00
Specialist	EMPLOYEE TOTAL	TOTAL		1,041,66			10569		25.9	25.97 Net Pay	910 po
Compliance	Fvri LAL Hours			1,020 63		Social Security Medicare Fed Income Tax LA Income Tax		STD Post-Tax	83 84	Direct Deposit # 6829 Check Amt Chkg 0014 1,1	3829 0.00 1,152,35
	EMPLOYEE TOTAL	TOTAL		1.458:33			206.69		885	96.29 Net Pay	1,152,35
Portie Michael A Project Administrat	Fvri LAL Hours			1,166.67		Social Security Medicare Fed Income Tax LA Income Tax	22 2 12 12 12 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15			Direct Deposit # 6830 Check Arnt Chkg 1002 1,	000 0,197.41 1,197.41
	FMPI CVFF					Social Security Medicare Fed Income Tax LA Income Tax				Direct Deposit # 6831 Check Amt Chkg 5358	1583
Toronto Doctor				2000		Contol Constitu	SHOOT	CONTRACTO DOCK-Tox	V GV	Direct Densett #	5000
Transa, Barbara J Transect Divided	Fvri LAL Hours EMPLOYEE	TOTAL		20834		Social Security Medicare Fed Income Tax LA Income Tax	数 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	STD Post-Lax	<u> </u>	48:00 Direct Deposit # 6832 Check Amt Chkg 0016 1.6	1,662.84
Velker, Shirley 12 Client Syes. Occodunato	₹ ¥ Fours			1,041,88		Social Security Medicare Fed Income Tax LA Income Tax		STD Post-Tax	5. Si	13:02 Direct Deposit # 6833 Check Amt Chkg 2191	833 822.94
100 STAFF BI-WEEKLY TDTALS 7 Person(s) Fvri 7 Transaction(s) LAL Hc	2 2		25.00			Social Security Medicare	12368	62877 STD Post-Tax	88	223:00 Check Amt	6,911.22
OGGO GGGO-T846 Family Vatues Resource Institute Inc Run Dete O5/08/18 12:47 PM	les Resource Institute Inc			Period Star	Period Start - End Date 05/0	6501/18 - 05/15/18			10000	_	Payroll Journal

05/01/18 - 05/15/18 05/15/18

Period Start - End Date Check Date

PAYROLL JOURNAL

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EMPLOYEE NAME	HOURS, EAR	NINGS, R	EIMBURSEA	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS	PAYMENTS	WITHHOLDINGS	DEDUCTIONS		NET PAY	
•	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS				ALLOCATIONS	
		**************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		Fed Income Tax 507;15 LA Income Tax 235;00	900			**********
100	100 STAFF BI-WEEKLY TOTAL		2.0	8,528,82	••••••	1,394,60		223 00 Net Pay		6,911,222
			,,	********		Employer Liabilities	X-			-10414411
- 2						Social Security 52879 Medicare 12367	57			
		••••	-		TOTAL ENIP	TOTAL EMPLOYER LIABILITY 85246 TÔTAL TAX LIABILITY 2,047,08	46			
**** 300 1099 Isaac, Latosha S (IC) 36	1099 Misc Comp 1099 Misc Comp				1,30486	-	Deduction	9000	Direct Deposit # 505 Check Amt Chkg 0010 1,56 Chkg 8302 8	5 1,556.57 90.00
	EMPLOYEE	E TOTAL	•••••		1,666,67			2010		1,646,57
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	1099 Misc Comp				1,666.67		Deduction	8 5	20;10 Check Amt Dir Dep 1,6	0.00
	300 1099 TOTAL	отац	,	7	1,666.67			2010	20:10 Net Pay 1,6	1,646.57
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	Fvri LAL Hours 1089 Misc Comp	***************************************	22	1,34134 7,187,48		Social Security 528,77 Medicare 123,68 1,666,67,Fed Income Tax 235,00	Deduction STD Post-Tax	223000	20;10 Check Amt 8,5:	0.00 8,557.79
	COMPANY TOTAL	OTAL.	2.0	8,528,82	1,666.67	1,384,60		243:10 Net Pay		8,557.79
	- 1	, d 0 + 2 + 4 + 5 i				Liabilities			,	******
		*********		••••		Social Security 528:79 Medicare 123:67	73			
					TOTAL EMP TOT	EMPLOYER LIABILITY 62246 TÖTAL TAX LIABILITY 2,047,06	46	ī.		
(IC) = Independent Contractor		•2222								,
			*********					********		**********
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Period Start - End Date Check Date

0060 0060-T846 Family Values Resource Institute Inc Run Date 05/08/18 12:47 PM

05/01/18 - 05/15/18 05/15/18

Payroll Journal Page 2 of 2 PYRJRN

PAYROLL JOURNAL

0060 0060-T846 Family Values Resource Institute Inc

	noors, Earnings, Keimborsemen	7 - K		ENIS & CINER	S & CITER PATMENTS	WINDSCHOOL STATES	DEDUCTIONS		NET PAY	
2	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS				ALLUCATIONS	0
100	100 STAFF BI-WEEKLY TOTAL		<u>4</u>	8,394,24	1	1,371		22300 Net Pay		6,800,14
			********	•••••		Employer Liabilities				
			••••••		-	Social Security 520;44 Medicare 12:71	4.1	•••••••		
		*********		******	TOTAL EMP	TOTAL EMPLOYER LIABILITY 642:16 TOTAL TAX LIABILITY 2013:25	- LO 140			*4++++
**** 300 1099 Isaac, Latosha S (IC) 36	1099 Misc Comp 1099 Misc Comp				361,81 1,304,86		Deduction	2010 Direct Deposit # 513 Check Amt Chkg 0010 1	Deposit # 513 Amt 010 1,5	3 0.00 1,556.57 90.00
	EMPLOYEE TOTAL	IDTALL	*****	******	1.666.67			2010 Net Pay	-	1 646 57
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	1099 Misc Comp				1,666.67		Deduction	20 10 Check Amt		000
	300 1099 TOTAL			••••••	1,686.67			20,10 Net Pay		1,646,57
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	Fvri LAL Hours 1089 Misc Comp		200	1,206,73 7,187,6 1		Social Security 520,44 Medicare 121,70 1,666;67 Fed Income Tax 222,00	Deduction STD Post-Tax	20;10 Check Amt		8,446.71
	COMPANY TOTAL		24.	8,394,24	1,666.67	1,37110		243:10 Net Pay		8,446,71
			*******	*******		Employer Liabilities		204 9 2 2 4 2 4		********
		***********				Social Security 520,44 Medicare 12177				**********
				***********	TOTAL EMPLO	OYER LIABILITY 642:15 AL TAX LIABILITY 201325	10.10			*********
(IC) = Independent Contractor		*******************************								***************************************
	lues Resource Institute Inc	*******	•••••	e de la companya de l		90		•	Payroll	Payroll Journal
				Check Date		05/20/19			R	7078

Period Start - End Date 05/16/18 - 05/31/18 Check Date 05/30/18

LWCC Fringe: Workers Confer 1 of 4 P.O. Box 919142 Dallas, TX 75391-9142

Policyholder:

Invoice Number: 5387224
Policy Number: 106385-B
Invoice Date: 05/29/18

PAMILY VALUE RESOURCE INSTITUTE INC

P.O. BOX 74403

Baton Rouge, LA 70874

Balance: 867.45

Trans Date	Degription of Transactions		narges/	
Date	Description of Transactions Previous Balance	Balance 1,445.75	Payments	Balance 1,445.75
	Policy Period: 05/26/18 to 05/26	; /19 ¹		
05/29/18			867.45	
	Policy Period Total	1	867.45	867.45
05/24/18	Cash Receipt	Services 1	5.75)	(1,445.75)
	100 m	FICA o. c		867.45
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Post	Office Box 919142			
Dall	las, TX 75391-9142		05/29/	18
		1,099•68 +		
		530 • 43 +	ance: 8	67.45
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Page: 2 of 4

Policy Installment Information

Policy Number			cat dimenti ev	Division of the	控制 建筑 多。
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中国内部的分别等的发展之间的中国的影响的特别的影响。	Address 1975年 1975年 1975年 1985年 198	ding adjust ments)		involce Dare	Section 1
Installment#	Invoice Dat	e Amount Ina	ttal limestor		· · · · · · · · · · · · · · · · · · ·
3	06/26/18	867.45	5	08/26/18	867.45
4	07/26/18	867.45	6	09/26/18	867.45

SERVICE INFORMATION

For billing questions call: TYNER JETER INSURANCE AGENCY L at (225)227-2800 or call LWCC at 800-519-7787. You can also visit our website at www.lwcc.com.

For certificates of insurance, policy changes, or coverage questions call your agent: (225)227-2800.

Report claims IMMEDIATELY to 800-267-2410.

PAYMENT INFORMATION

Mail Payment to:

Louisiana Workers' Compensation Corporation

P.O. Box 919142

Dallas, TX 75391-9142

To Pay By Phone:

Call (800)519-7787, Press "1" between 8:00 AM and

5:00 PM Monday - Friday

To Pay Online:

www.lwcc.com For online payments, our Interactive Web

site (https://interactive.lwcc.com) has EFT

(electronic funds transfer) capabilities that allow

you to pay at your convenience 24 hours a day 7 days a week. Visit us online and become a

registered user today!

BILLING INFORMATION

Balance :

Total amount due after applying all payments, credits, or

additional charges received by our billing system

since last billing.

Late Fee:

A service fee of 1% or \$25, whichever is greater, will be

applied for all payments not received by the due date.

Non-Sufficient Funds: A service fee of \$25 will be applied for all returned checks.

Invoice Date:

The date the invoice was created.

Previous Balance Due: Reflects the amount previously billed.

HELP US TO SERVE YOU BETTER

Please remember to include the bottom portion of this statement with your payment. This will assist us in properly crediting your policy.

Please allow at least five days before your due date for delivery of payment. Additionally, please assist us by indicating your policy number on your check payable to LWCC, using the return envelope provided for your convenience.



Invoice
Page: 4 of 4

Workers' Comp Insurance Charge (LWCC) - Breakout

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Personnel Services	· 有人好好了一个					松古 三年記書の際
				Monthly	SATE	
				Salary	Workers'	
		Total	% to	Contract	Comp Rate	Bill To
Position/Title	Employee Name	Salary	Contract	Amount	3.69%	Grant
Project Director	Barbara Thomas	4,166.67		3,750.00	3.69%	138.38
Project Administrator	Michael Ferris	2,916.66	80%	2,333.33		86.10
Compliance Coordinator	Talisha Davis	2,916.66		2,041.66		75.34
Education Specialist	Allison Davis	2,083.33		2,083.33	3.69%	76.87
Data Enrty/Care Provider	Patricia Brown	2,083.33		2,083.33		76.87
Client Svcs Coord/Care Provider	Shirley Walker	2,083.33		2,083.33	3.69%	76.87
						\$ 530.44



"WALK-IN" MONEY RECEIVED

Today's Date: Time Received:
Policy Number: 106389
Policy Name: Jamely Value Respuse Institute Inc.
Amount Received: \$ 47.43
Cash Check Check/Money Order Numbers 17 1627
Policyholder Signature (or person that delivered money):
Comment(s), if any:
FOR LWCC USE ONLY
Please do the following once the receipt has been given to the policyholder: 1. Attach money received to this form 2. Get in touch with Accounting to pick up form and check/cash - call in the order listed below until someone is contacted 3. Check off the person that you contacted for pick-up in the box next to the person's extension number 4. If cash is received, count the money in front of Accounting and have them initial below to verify cash has been counted



Transactions Details

Posting Date

06/14/2018

Transaction Date

06/14/2018

Description

DDA CHECK 0000001627

Transaction Type

Debit

T/C

0077

Amount

\$867.45

Balance

Front

Back



FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-369-8001 BATON ROUGE, LA 70874-4403

6/13/2018

OBDER OF

LWCC -

\$ ~867.45

Eight Hundred Sixty-Seven and 45/100**

DOLLARS 🗓

1627

LWCC

P.O. Box 61005

New Orleans, LA 70161-1005

MEMO

Policy # 106385-B

#001627# #065400153#

/0000086745/



Transactions Details

Posting Date

06/14/2018

Transaction Date

06/14/2018

Description

DDA CHECK 0000001627

Transaction Type

Debit

T/C

0077

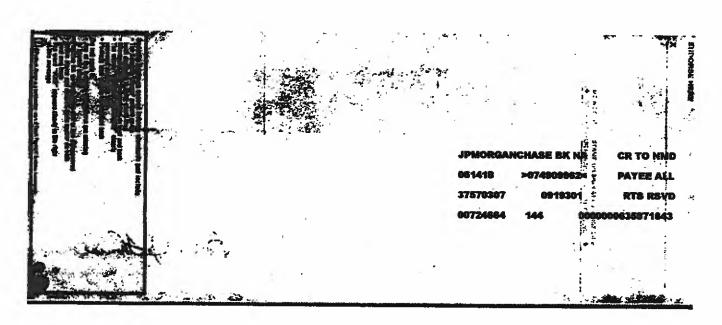
Amount

\$867.45

Balance

Front

Back



Fringe - 941 Tax Pmt.
Check Number

401 WHITNEY AVENUE SUITE 200 PAYCHEX, INC.

Soc Sec and Med and Federal Withholding Tax GRETNA LA 70056 (844) 729-9247

Deposit Period:
Amount Due:
Due Date: Quarter the due date. EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due Non-mandated: Initiate a 941 payment for the specified quarter at www.eftps.gov at least one banking day before 05/01/18 - 05/31/18 \$3,593.31 06/15/18 Last Check Date: 05/30/18 Federal ID: Employer Medicare Employee Medicare Employer Social Security Federal Withholding Employee Social Security 72-1415039 1,049.23 245.38 1,004.11 1,049.21 245.38

MPORTANT REMINDERS

You are scheduled to report your next payroll on Wed 06/13/18.

:

- In compliance with the Federal Depository rules, your federal deposit frequency is Monthly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- * Payments made by EFT must be initiated one day prior to the due date



0060-T846

IRS

FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTE INC PO BOX 74403 BATON ROUGE LA 70874-4403



0060-0060T846-002-145-1153

19e: 941 Tax Paymers TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	2708566 64216817

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx5039
Tax Form	941 Employers Federal Tax
Тах Туре	Federal Tax Deposit
Tax Period	Q2/2018
Payment Amount	\$3,593.31
Settlement Date	06/15/2018
Subcategories:	
1 Social Security	\$2,098.44
2 Medicare	\$490.76
3 Tax Withholding	\$1,004.11
Account Number	xxxx0000
Account Type	CHECKING
Routing Number	065400153
Bank Name	HANCOCK WHITNEY BANK

W HANCOCK WHITNEY

Transactions Details

Posting Date	06/15/2018
Transaction Date	06/15/2018
Description	IRS
Transaction Type	Debit
Amount	\$3,593.31
Balance	

FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTE INC PO BOX 77403 BATON ROUGE LA 70874

Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekly

EE ID: 11

BARBARA J THOMAS 7081 MODESTO AVE **BATON ROUGE LA 70811** troject Direct 9 noh

NON-NEGOTIABLE

						Stu	6
PERSONAL AND CHECK INFORMATION Barbara J Thomas	EARNINGS	DESCRIPTION HR	RS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
7081 Modesto Ave		Evri			208.34		1875.06
Baton Rouge, LA 70811	1	LAL Hours			1875.00		16875.00
Soc Sec #: xxx-xx-xxxx Employee ID: 11		Total Hours					
Home Benedicate 100 Staff Bi weekly		Gross Earnings			2083.34		18750.06
Home Department: 100 Staff Bi-weekly	WITHHOLDINGS	Total Hrs Worked DESCRIPTION FIL	LING STATUS		THIS PERIOD (\$)		YTD (\$)
Pay Period: 05/01/18 to 05/15/18	MITHIOLDINGS	DESCRIPTION FIL	LINGSTATUS		TRIS PERIOD (#)		110(4)
Check Date: 05/15/18		Social Security			129.16		1162.50
NET PAY ALLOCATIONS	_	Medicare			30.21		271.88
		Fed Income Tax M	1		155.63		1439.31
	(\$)	LA Income Tax S (0 1		68.00		600.00
Check Amount 0.00 (Chkg 0016 1652.34 1484	0.00						0.470.00
NET PAY 1652.34 1484		TOTAL DESCRIPTION			383.00 THIS PERIOD (\$)		3473.69 YTD (\$)
	DEDOCTIONS	DESCRIF I CH			TTIIO FEITIOD (4)		***
•		STD Post-Tax			48.00		432.00
Calaxii		TOTAL			48.00		432.00
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\$3,750.00)						
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		U (LINC)					
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$\Delta \Delta \omega^{\prime}$		-	1		7.110 050100 (4)		VTO /
4 2-2+	NET PAY				THIS PERIOD (\$) 1652.34		YTD (\$ 14844.3
() (DUIN.					1002.34		+ + ++++ ++++++++++++++++++++++++++++++

eekly EE ID: 11

DD

TOTAL

BARBARA J THOMAS 7081 MODESTO AVE BATON ROUGE LA 70811 NON-MEGOTIABLE

48.00

90%

NON-NEGOTIABLE

Str	ιb	2
<u> </u>	W	

480.00

PERSONAL AND Barbara J Thomas 7081 Modesto Ave Baton Rouge, LA Soc Sec #: xxx-xx	70811	•
Home Departmen	nt: 100 Staff Bi-weekly	
Pay Period: 05/1 Check Date: 05/3	6/18 to 05/31/18 30/18 Check #: 6839	
NET PAY ALLO	CATIONS	
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	<u>1652.34</u>	<u>16496.71</u>
NET PAY	1652.34	16496.71

					JUD	<i>A</i>
EARNINGS	DESCRIPTION	HRS/UNITS	RATE 1	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Fvri			208.34		2083.40
l	LAL Hours			1875.00		18750.00
	Total Hours			1313114		10700.00
ļ	Gross Earnings			2083.34		20833.40
	Total Hrs Worked	1				
WITHHOLDINGS	DESCRIPTION	FILING STATUS	ì	THIS PERIOD (\$)		YTD (\$)
	Social Security			129.17		1291.67
	Medicare			30.20		302.08
	Fed Income Tax	M 1		155.63		1594.94
	LA Income Tax	\$01		68.00		668.00
	TOTAL			383.00		3856.69
DEDUCTIONS	DESCRIPTION		7	THIS PERIOD (\$)	-	YTD (\$)
	STD Post-Tax			48.00		480.00

Del stub 1

for calculations

NET PAY

THIS PERIOD (\$)

1652.34

YTD (\$)

16496.71

Project Administrator

NON-NEGOTIABLE

THIS PERIOD (\$)

0.00

1197.41

1197.41

YTD (\$)

10760.13

10760.13

0.00

PERSONAL AND CHECK INFORMATION

Soc Sec #: xxx-xxxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 05/01/18 to 05/15/18

Check Date: 05/15/18 Check #: 6830

Michael A Ferris 17714 Nine Oaks Ave Baton Rouge, LA 70817

DESCRIPTION

Check Amount

Chkg 1002

NET PAY

NET PAY ALLOCATIONS

				Stub1
EARNINGS	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS YTD (\$)
	Fvri		291.67	2625.03
	LAL Hours Total Hours		<u>1166.67</u>	<u>10500.03</u>
	Gross Earnings Total Hrs Worker	d	1458.34	13125.06
WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
	Social Security		90.41	813.75
	Medicare		21.14	190.31
	Fed Income Tax	M O	101.38	936.87
	LA Income Tax	800	48.00	424.00

260.93

2364.93

Feinge: 2333.34 x7.6500 \$178.50

TOTAL

NET PAY

THIS PERIOD (\$)
1197.41

10760.13

Payrolls by Paychex, Inc.

MICHAEL A FERRIS 17714 NINE OAKS AVE **BATON ROUGE LA 70817**

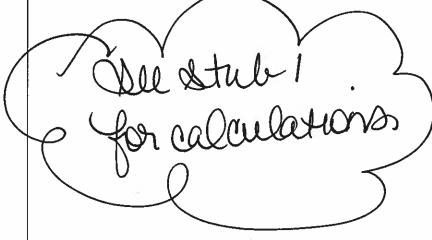
Project Administrator

Othin 2

MON-NEGOTIABLE

Michael A Ferris 17714 Nine Oaks A Baton Rouge, LA 7	0817	•
Soc Sec #: xxx-xx-	xxxx Employee ID: 5	
Home Department	t: 100 Staff Bi-weekly	
Pay Period: 05/16	/18 to 05/31/18	
•	0/18 Check#: 6837	
NET PAY ALLOC	ATIONS .	
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 1002	<u>1197.39</u>	<u>11957.52</u>
NET PAY	1197.39	11957.52

				JINUC	2
EARNINGS	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Fvri		291.67	2	2916.70
	LAL Hours Total Hours		<u>1166.67</u>	11	666.70
	Gross Earnings Total Hrs Worke		1458.34	14	1583.40
WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)		YTD (\$)
	Social Security		90.42		904.17
	Medicare		21.15		211.46
	Fed Income Tax	M O	101.38	1	038.25
	LA Income Tax	800	48.00		472.00
	TOTAL		260.95	2	625.88



NET PAY THIS PERIOD (\$) YTD (\$) 1197.39 11957.52

0060-T846 ORG1:100 Staff Bi-w eekty EE ID: 4

TALISHA DAVIS

BATON ROUGE LA 70814

Compliance Coordinator
VE 70% 3829 NORTH YOSEMITE DRIVE

NON-NEGOTIABLE

Stub 1

					914	- 1
PERSONAL AND CHECK INFORMATION Talisha Davis	EARNINGS	DESCRIPTION HRS/L	UNITS RATE 1	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
3829 North Yosemite Drive		Fvri		437.50	;	3937.50
Baton Rouge, LA 70814		LAL Hours		1020.83	_9	9187.51
Soc Sec #: xxx-xx-xxxx Employee ID: 4		Total Hours			_	
		Gross Earnings		1458.33	13	3125.01
Home Department: 100 Staff Bi-weekly		Total Hrs Worked				
	WITHHOLDINGS	DESCRIPTION FILING	GSTATUS 1	THIS PERIOD (\$)		YTD (\$)
Pay Period: 05/01/18 to 05/15/18						
Check Date: 05/15/18		Social Security		90.42		813.75
NET PAY ALLOCATIONS		Medicare		21.14		190.31
DECONOTION THE DEDICT (A)		Fed Income Tax M 2		63.13		581.08
DESCRIPTION THIS PERIOD (\$) YTD (\$) Check Amount 0.00 0.00		LA income Tax M 0 2	2	32.00		280.00
	Λ	T0741		206.69	-	1865.14
Chkg 0014 1152.35 10366.26 NET PAY 1152.35 10366.26		TOTAL				
MET PAT 1152.35 10500.20	DEDUCTIONS	DESCRIPTION		THIS PERIOD (\$)		YTD (\$)
		STD Post-Tax		99.29		893.61
0010.01		TOTAL		99.29		893.61
12 X(1) (12 X U)		TOTAL		30.20		
Same of	_		•			
	1	1000)			
1115/22	l r	111146	, .			
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1. 1rl 22		$-\Delta \triangle I(I) V$	210			
10.00		SOA12	* Y			
Stub 2 1408.33		•	.0			
Stub 1 1458.33 Stub 2 1458.33		v 7 /	06 05%			
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~ 4110.00		1	•			
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, , , , , , , , , , , , , , , , , , ,	NET PAY			THIS PERIOD (\$)		YTD (\$)
				1152.35		10366.26

0060-T846 ORG1:100 Staff Bi-w eekty

EE ID: 4

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

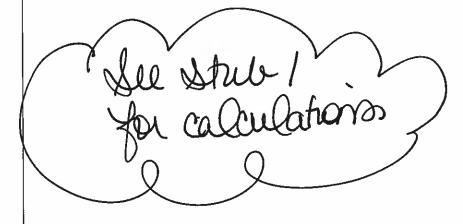
TOB

NON-NEGOTIABLE

Stun 2

Talisha Davis	CHECK INFORMATIO	N
3829 North Yosem	ite Drive	
Baton Rouge, LA		
Soc Sec #: xxx-xx	-xxxx Employee ID: 4	·
Home Departmen	t: 100 Staff Bi-weekly	
Pay Period: 05/10	3/18 to 05/31/18	
Obsert Date: 050	0/18 Check #: 6836	
CHECK Date: US/3	U/10 CHECK T. 0030	
NET PAY ALLOC		
		YTD (\$)
NET PAY ALLOC	ATIONS	YTD (\$) 0.00
NET PAY ALLOC	THIS PERIOD (\$)	***
NET PAY ALLOC DESCRIPTION Check Amount	THIS PERIOD (\$) 0.00	0.00
NET PAY ALLOC DESCRIPTION Check Amount Chkg 0014	THIS PERIOD (\$) 0.00 1152.34	0.00 <u>11518.60</u>

						<u> </u>
EARNINGS	DESCRIPTION HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)	
	Fvri			437.50		4375.00
	LAL Hours Total Hours			1020.83		10208.34
	Gross Earnings Total Hrs Worked	1		1458.33		14583.34
WITHHOLDINGS	DESCRIPTION	FILING STATUS	,	THIS PERIOD (\$)		YTD (\$)
	Social Security			90.42		904.17
-	Medicare			21.15		211.46
	Fed Income Tax	M 2		63.13		644.21
	LA Income Tax	M 0 2		32.00		312.00
	TOTAL			206.70		2071.84
DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
	STD Post-Tax			99.29		992.90
	TOTAL			99.29		992.90



THIS PERIOD (\$) YTD (\$) NET PAY 11518.60 1152.34

FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTE INC PO BOX 77403 BATON ROUGE LA 70874

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Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekly

EE ID: 37

ALLISON DAVIS 17232 JEFFERSON HIGHWAY **APT # 417 BATON ROUGE LA 70817**

Education

NON-NEGOTIABLE

				stub 1
PERSONAL AND CHECK INFORMATION Allison Davis	EARNINGS	DESCRIPTION HRS/U	NITS RATE THIS PERIOD (\$)	
17232 Jefferson Highway		Fvri		1041.66
Apt # 417	1	LAL Hours	<u>1041.66</u>	<u>8333.32</u>
Baton Rouge, LA 70817 Soc Sec #: xxx-xx-xxxx Employee ID: 37		Total Hours Gross Earnings	1041.66	9374.98
Soc Sec #: XX-XX-XXXX Employee ib. 67		Total Hrs Worked	10-11.00	3074.30
Home Department: 100 Staff Bi-weekly	WITHHOLDINGS		STATUS THIS PERIOD (\$)	YTD (\$)
Pay Period: 05/01/18 to 05/15/18	}	Social Security	64.58	581.25
Check Date: 05/15/18		Medicare	15.11	135.94
NET PAY ALLOCATIONS	1	LA Income Tax S 2 1	26.00	230.00
DESCRIPTION THIS PERIOD (\$) YTD (\$)		TOTAL	105.69	947.19
Check Amount 0.00 0.00	DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Chkg 3799 910.00 8194.06	DESCRIPTION	DEDOING FROM	11.10.7 21.1102 (0)	1.7
NET PAY 910.00 8194.06		STD Post-Tax	25.97	233.73
		TOTAL	25.97	233.73
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	NET PAY		THIS PERIOD (\$) 910.00	
			910.00	0154.00

FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTEINC PO BOX 77403 BATON ROUGE LA 70874

Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekty

EE ID: 37

ALLISON DAVIS

BATON ROUGE LA 70817

APT #417

17232 JEFFERSON HIGHWAY

Education Speciali

NON-NEGOTIABLE

Ctub 1

PERSONAL AND CHECK INFORMATION Allison Davis				
17232 JeffersonH Apt # 417	ghway			
Baton Rouge, LA	70817			
Soc Sec #: xxx-xx		7		
Home Department: 100 Staff Bi-weekly				
Home Departmen	nt: 100 Staff Bi-weekly		WITH	
	•		WITH	
Pay Period: 05/1	•		WITH	
Pay Period: 05/1	6/18 to 05/31/18 0/18 Check#: 6835		WITH	
Pay Period: 05/1 Check Date: 05/3	6/18 to 05/31/18 0/18 Check#: 6835	YTD (\$)	WITH	
Pay Period: 05/1 Check Date: 05/3 NET PAY ALLO	6/18 to 05/31/18 10/18	YTD (\$) 0.00		
Pay Period: 05/1 Check Date: 05/3 NET PAY ALLOW DESCRIPTION	6/18 to 05/31/18 10/18	* - *	DEDI	

				VIUD	α
EARNINGS .	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Fvri				1041.66
	LAL Hours		<u>1041.67</u>		9374.99
	Total Hours Gross Earnings Total Hrs Worker	d	1041.67		10416.65
WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	-	YTD (\$)
	Social Security Medicare		64.58 15.10		645.83 151.04
	LA Income Tax	S 2 1	26.00		256.00
	TOTAL		105.68		1052.87
DEDUCTIONS	DESCRIPTION		THIS PERIOD (\$)		YTD (\$)
	STD Post-Tax		25.97		259.70
	TOTAL		25.97		259.70

le strib

THIS PERIOD (\$) YTD (\$) NET PAY 9104.08 910.02

Payrolls by Paychex, Inc.

FAMILY VALUES RESOURCE INSTITUTE INCINSTITUTE INC PO BOX 77403 BATON ROUGE LA 70874

Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekly DD

EE ID: 35

PATRICIA A BROWN 6555 E MONARCH **BATON ROUGE LA 70812**

NON-NEGOTIABLE

			6)و ۲ - ۱ - ۱ - ۱	141.66 +
PERSONAL AND CHECK INFORMATION Patricia A Brown	EARNINGS	DESCRIPTION HRS/UNITS	S RATE	2	,083·33 ×
6555 E Monarch		Fvri		Y	6.0
Baton Rouge, LA 70812 Soc Sec #: xxx-xxxx Employee ID: 35		LAL Hours Total Hours		WHAT THE	129.17
and the second s		Gross Earnings		220	X X
Home Department: 100 Staff Bi-weekly		Total Hrs Worked		Calgry	2,083.33
Pay Period: 05/01/18 to 05/15/18	WITHHOLDINGS	DESCRIPTION FILING STA	ATUS THIS F	2911	
Check Date: 05/15/18		Social Security		- 6	30.21
NET PAY ALLOCATIONS		Medicare			
DESCRIPTION THIS PERIOD (\$) YTD (\$)		Fed Income Tax S 1 LA Income Tax S 0 1			2,083.33
Check Amount 0.00 0.00		DA INCOME TAX SOT			2,063.69
Chkg 0017 820.44 7368.70		TOTAL	· · · · · · · · · · · · · · · · · · ·	18	76.87
NET PAY 820.44 7368.70	DEDUCTIONS	DESCRIPTION	THIS PE	RIOL	10.0
		STD Post-Tax		36.7	0.
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Culury.		TOTAL		36.72	2-4
		, r			129.
10211111	$ $ τ	•	•		45 1 30.
Ctub 1 1041.66	1 H	unau.			med - 75
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1.53(1)		2083.5 x7.0	2 ≥		WI
Stup 2 1041.67		AOSD.	ر د		/ ,
Simo	_		-17		Con
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* <i>AO</i> \$3.33		N / 3			
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	NET PAY		THIS PE	RIOD (\$) 820.44	YTD (\$) 7368.70
				520.77	1300.10

Payrolls by Paychex, Inc.

PATRICIA A BROWN 6555 E MONARCH **BATON ROUGE LA 70812**

NON-NEGOTIABLE

Patricia A Brown 6555 E Monarch		K INFORMATION	1	EAR
Baton Rouge, LA Soc Sec #: xxx-x		Employee ID: 35		
Home Departme Pay Period: 05/ Check Date: 05/	16/18 to	05/31/18		WIT
NET PAY ALLO	CATION	13		
NET PAY ALLO DESCRIPTION		S PERIOD (\$)	YTD (\$)	
			YTD (\$) 0.00	
DESCRIPTION		S PERIOD (\$)		

				STUD 2
EARNINGS .	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS YTD (\$)
	Fvri			1041.66
	LAL Hours		1041.67	_9374.99
	Total Hours			· · · · · · · · · · · · · · · · · · ·
	Gross Earnings		1041.67	10416.65
	Total Hrs Worker	3		
WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
	Social Security		64.58	645.83
	Medicare		15.10	151.04
	Fed Income Tax	S 1	77.81	797.42
	LA Income Tax	\$01	27.00	266.00
4.21.	TOTAL		184.49	1860.29
DEDUCTIONS	DESCRIPTION		THIS PERIOD (\$)	YTD (\$)
	STD Post-Tax		36.72	367.20

36.72

367.20

le strib

TOTAL

THIS PERIOD (\$) YTD (\$) **NET PAY** 820.46 8189.16 FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTEINC PO BOX 77403 BATON ROUGE LA 70674

Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekly EE ID: 12

Client Services Coordinates

SHIRLEY WALKER 6230 MAPLEWOOD DRIVE **BATON ROUGE LA 70812**

NON-NEGOTIABLE

PRESCRIPTION AND CHECK INFORMATION Shirley Maller Annual Process A						Str	6	
Care Bain Plays LAL Hours 1041.68 \$374.98 \$3		EARNINGS	DESCRIPTION H	RS/UNITS I	RATE THIS PERIOD (\$)	YTD HOURS	YTD	(\$)
Soc See # I DOX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	6230 Maplewood Drive				<u>1041.66</u>		<u>9374.</u>	98
Pay Period: 05/01/18 to 05/15/18 Check 8: 8833 Check Date: 05/15/18 Check 8: 8833 Check Date: 05/15/18 Check 8: 8833 Check Date: 05/15/18 Check 8: 8833 Check Amount			Gross Earnings		1041.68		9374.	98
Check Date: (65/15/18 Check 8: 6833 NET PAY ALLOCATIONS NET PAY ALLOCATIONS Fed Income Tax S 1 + \$21.20 99.01 910.41 135.94 129.00 129	Home Department: 100 Staff Bi-weekly	WITHHOLDINGS	DESCRIPTION FIL	LING STATUS	THIS PERIOD (\$)		YTD	(\$)
NET PAY ALLOCATIONS NET PAY ALLOCATIONS Ped Income Tax \$ \$1.421.20 99.01 99.01 298.00 298.00 298.00 298.00 200.00 20								
DESCRIPTION THIS PERIOD (8)								
Check Amount Chig 2191 8294 7391.20 BEDUCTIONS DESCRIPTION THIS PERIOD (6) YTD (8) STD POST-TAX TOTAL	NET PAY ALLOCATIONS							
Chig 2191 R22.94 7381.20 DEDUCTIONS DESCRIPTION THIS PERIOD (8) YTD (8) STO POST-TAX TOTAL 13.02 117.18 Stub 1 1041.466 + 1.001.67 Stub 2 1041.67 \$7.65% Salgrey 129.17 * \$1.003.33 × 1.465 × 30.21 * 2.003.33 × 3.69 × 76.87 * O C NET PAY NET PAY NET PAY DEDUCTIONS DESCRIPTION THIS PERIOD (8) YTD (8) THIS PERIOD (8) YTD (8) YTD (8) THIS PERIOD (8) YTD (8) YTD (8) YTD (8) THIS PERIOD (8) YTD (8) YTD (8) THIS PERIOD (8) YTD (8) YTD (8) THIS PERIOD (8) YTD (8) 13.02 117.18 1.0041.66 + 1.0					005.70		1000	
STO POST-TEX TOTAL STO POST-TEX TOTAL 13.02 117.18 STO POST-TEX TOTAL 13.02 1.041.66 + 1.041.67 + 2.083.33 6.2 x 7.65% Salary 129.17 * 2.083.33 x 1.45 x 30.21 * 76.87 * NET PAY NET PAY 13.02 17.18 1.041.66 + 1.041.67 + 2.083.33 x 1.45 x 30.21		DEDUCTIONS				·		
Salary Fringe. Stub 1 1041.06 Stub 2 1041.67 \$\frac{1}{3.02} \text{Tioal Ke} \$\frac{1}{3.02} Ti		02200110110			3.3			• • •
Salary Frenge: \$\frac{1}{1041.06} \\ \$\frac{1}{2083.33} \\ \$\frac{1}{1041.67} \\ \$\frac{1}{2083.33} \\ \$\frac{1}{30.21} \\ \$\frac{1}{2083.33} \\ \$\frac{1}{2083.33} \\ \$\frac{1}{30.21} \\ \$\frac{1}{2083.33} \\ \$\frac{1}{30.21} \\ \$\frac{1}{2083.33} \\ \$\frac{1}{30.21} \\ \$\frac{1}{2083.33} \\ \$\frac{1}{2083.33} \\ \$\frac{1}{2083.33} \\ \$\frac{1}{2083.33} \\ \$\frac{1}{30.21} \\ \$\frac{1}{2083.33} \\ \$\frac{1}{2083.			STD Post-Tax		13.02	*		_
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Stub 1041.06 3083.33 33 3083.33 30		TRU	rye.			1.0/1:66	+	
Stub 2 1041.67 \$\frac{\{7.65^{\infty}\}}{\{2083.33}} \\ \frac{\{5.2 \\ \chi}{\{2083.33}} \\ \frac{\{5.25^{\infty}\}}{\{129.17 \\ \chi}} \\ \frac{\{1.45 \\ \chi}{\{30.21 \\ \chi}} \\ \frac{\{7.667^{\infty}\}}{\{7.667^{\infty}\}} \\ \frac{\{7.667^{\infty}\}}}{\{7.667^{\infty}\}} \\	1011 1010						+	
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\$159.37 \\ \frac{2.083.33}{30.21} \\ \frac{\\$2.083.33}{30.21} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Sido	Oc	Ja J. U	70			%	
\$159.37 \\ \frac{2.083.33}{30.21} \\ \frac{\\$2.083.33}{30.21} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	104.0		V710	5%) Salary.	129-17	*	
$\frac{$2083.33}{$1.45 \times 30.21 \times 10.45}$ grant grant. $\frac{$2,083.33}{$30.21 \times 10.45} \times 30.21 \times 10.45}$ $\frac{$30.21 \times 10.45}{$30.21 \times 10.45} \times 30.21 \times 10.45}$ NET PAY $\frac{$159.37}{$30.21 \times 10.45} \times 30.21 \times 10.45}$ $\frac{$1.45 \times 30.21}{$30.21 \times 10.45} \times 30.21 \times 10.45}$ $\frac{$1.45 \times 30.21}{$30.21 \times 10.45} \times 30.21 \times 10.45}$ $\frac{$1.45 \times 30.21}{$30.21 \times 10.45} \times 30.21 \times 10.45}$ $\frac{$1.45 \times 30.21}{$30.21 \times 10.45} \times 30.21 \times 10.45}$ $\frac{$1.45 \times 30.21}{$30.21 \times 10.45} \times 30.21 \times 10.45}$ $\frac{$1.45 \times 30.21}{$30.21 \times 10.45} \times 30.21 \times 10.45}$ $\frac{$1.45 \times 30.21}{$30.21 \times 10.45} \times 30.21 \times 10.45}$ $\frac{$1.45 \times 30.21}{$30.21 \times 10.45} \times 10.45$	STUDA	 -	X /. C					
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76-87 +]	MET DAY				• — =		\$)
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Payrolls by Paychex, Inc. 236 • 25 *								1
	Payrolls by Paychex, Inc.					236•25	*	

FAMILY VALUES RESOURCE INSTITUTE INCINSTITUTEINC PO BOX 77403 BATON ROUGE LA 70874

Payrolls by Paychex, Inc.

0060-T846 ORG1:100 Staff Bi-w eekly

EE ID: 12

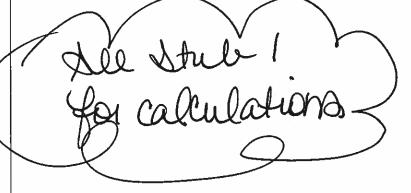
SHIRLEY WALKER **6230 MAPLEWOOD DRIVE BATON ROUGE LA 70812**

Client Services Coord 100%

NON-NEGOTIABLE

PERSONAL AND Shirley Walker	CHECK INFORMATI	ION
6230 Maplewood	Drive	
Baton Rouge, LA		
Soc Sec #: xxx-xx	-xxxx Employee ID:	12
Home Departmen	nt: 100 Staff Bi-weekly	
•		
Pay Period: 05/10	B/18 to 05/31/18	
	8/18 to 05/31/18 80/18 Check #: 684	0
	0/18 Check#: 684	0
Check Date: 05/3	0/18 Check#: 684	0 YTD (\$)
Check Date: 05/3 NET PAY ALLOC	30/18 Check #: 684 CATIONS	
Check Date: 05/3 NET PAY ALLOC DESCRIPTION	CO/18 Check #: 684 CATIONS THIS PERIOD (\$)	YTD (\$)

				Styk) ကိ
EARNINGS	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS YT	D (\$)
	LAL Hours Total Hours		<u>1041.67</u>	1041	1 <u>6.65</u>
	Gross Earnings Total Hrs Worker	1	1041.67	1041	16.65
WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YT	D (\$)
	Social Security		64.58		15.83
	Medicare		15.10	15	31.04
	Fed Income Tax	S 1 +\$21.20	99.01	100	9.42
	LA Income Tax	S01	27.00	26	36.00
	TOTAL		205.69	207	72.29
DEDUCTIONS	DESCRIPTION	·	THIS PERIOD (\$)	YT	D (\$)
-	STD Post-Tax		13.02	13	30.20
	TOTAL		13.02	18	30.20



THIS PERIOD (\$) YTD (\$) **NET PAY** 8214.16 822.96

Payrolls by Paychex, Inc.



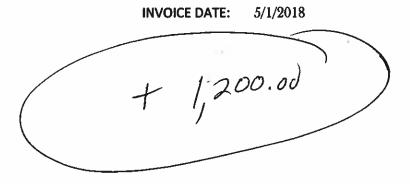
INVOICE

INVOICE #:

201805

P.O. Box 74403 Baton Rouge, LA 70874 225-355-2725 Office 225-355-2742 Fax www. FVRI.org

Billed To: Louisiana Alliance For Life



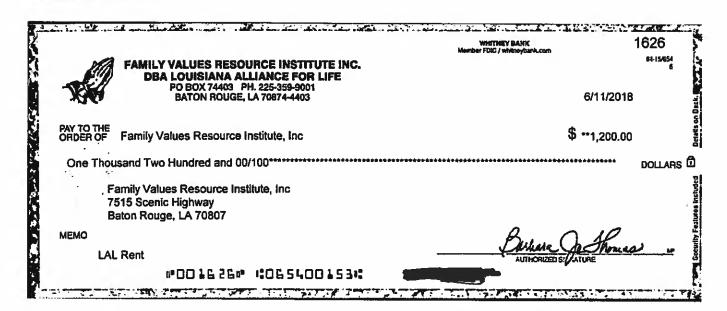
DESCRIPTION	AMOUNT
Monthly Charge for Rental of 2,000 square feet of office space in 2500 square foot building at \$0.60 per square foot as stated	1,200.00
in the budget narrative.	
	TOTAL \$ 1,200.00



Transactions Details

Posting Date	06/11/2018
Transaction Date	06/11/2018
Description	DDA CHECK 0000001626
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front Back







Transactions Details

Posting Date	06/11/2018
Transaction Date	06/11/2018
Description	DDA CHECK 0000001626
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	and the second of the second o
Front Back	
	PAY TO THE ONDER OF WHITNEY BANK DATCH ROUGH, I A TROMES 4403 CON DEPOSIT ONLY ***********************************
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dL financial solutions partner

PHILADELPHIA, PA 19101-1602

PO BOX 41602

opier Leas

SCREMITTANCE SECTION

Invoice Number: Que Date: Due This Period:

59098901 06/01/2018 \$218.98

\$218.98

\$196.90

Amount Enclosed:

3554053303 PRESORT 59301 1 AB 0.405 P1C209

FAMILY VALUES RESOURCE INSTITUTE INC ATTN AP PO BOX 74403

PO BOX 74403 BATON ROUGE LA 70874-4403

DE LAGE LANDEN FINANCIAL SERVICES.

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC. PO BOX 41602 PHILADELPHIA, PA 19101-1602

ուկիկիի փուկակոլի կրերիկական այլակակականություն

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Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.

financial solutions partner

DE LAGE LANDEN FINANCIAL SERVICES, INC. PO BOX 41602

PHILADELPHIA, PA 19101-1602

800-736-0220

Contract Number: Invoice Number: Account Number: Site Number: Invoice Date: Period of Performance:

Due This Period:

59098901 1053937 3849724 05/06/2018 05/01/2018-05/31/2018 \$218.98

25411981

Visit www.lesseedirect.com

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing.
- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

Balance Due Previous In Total Amount Due	volces			· · · · · · · · · · · · · · · · · · ·		•	\$0.00 \$218.98
Billed this invoice			\$199.07	\$19.91	\$218.98	\$0.00	\$218.98
INSURANCE		*	\$20.07	\$2.01	\$22.08	\$0.00	\$22.08
PAYMENT			Amount \$179.00	\$17.90	Amount \$196.90	Amount \$0.00	Amount Due \$196.90
Description			Payment	Tax	Total	Applied	Remaining
INVOICE DETAILS	i ir		The Marie Wall Control	7.27			

(Please see the following pages for details.)

ASSET DETAILS

Contract **Purchase** Serial Make / Asset Install Cost **Payment** Total Number Number Model Order Number Date Center Department Amount Tax Amount 25411981 A7PY01100010 KONMIN / 25411981_1 \$179.00 \$196.90 \$17.90 **BHC308**

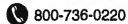
Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total:

\$196.90

Contact Us

Customer Service



- · Questions regarding your contract terms
- Balance Inquiry

- □ customercarecenter@leasedirect.com
 - Questions regarding Insurance
- General Questions regarding your bill

Address Changes & Invoice Delivery

- addressupdates@leasedirect.com
- Has your email address for invoice delivery changed?
- Has your billing or equipment address changed?
- Choose Paperless Invoicing and receive your invoice up to 5-7 days earlier!

Correspondence Address

DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087-1453 *Please provide your contract number

IMPORTANT REMINDER: Enclose remittance slip with your check and send it to the address on the reverse side to ensure accurate and timely processing of your payment. Please remit payments at least 5 days prior to due date. Please record your Invoice number on the check.

For account information 24 hours a day, 7 days a week, visit our website www.lesseedirect.com

Explanation of Charges

It is important to us that you understand the charges on your invoice. Please refer to this guide for assistance.

- 1. DOCUMENTATION/ORIGINATION FEE A one-time fee assessed on new transactions to cover our expenses for preparing financing statements and other documentation costs.
- 2. INTERIM PAYMENT A charge to account for the partial month, prior to the first full billing cycle, calculated per the terms and conditions in the contract.
- 3. INSURANCE CHARGE A charge due each billing period as the result of the equipment being insured by the lessor against theft or damage.
- 4. PAYMENT Amount due each billing period in accordance with the terms of the contract.
- 5. LATE FEE Assessed when a payment is not received by its due date, as provided by the contract.
- 6. FINANCE CHARGE Assessed when a payment is not received and is over thirty (30) days past its due date.
- 7. PROPERTY TAX The lessor, as the owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes, call the Customer Service number above.
- 8. RETURNED CHECK FEE Assessed each time a check is returned for any reason.
- 9. CUSTOMER SERVICE FEE Assessed when a request for an amortization schedule, an invoice copy, a pay history or additional contract copy is requested.
- 10. ACCOUNT SUMMARY Overview of prior billed invoices for which a partial or no payment was received at the time the current invoice was printed.
- 11. TAX OR LESSOR SURCHARGE Taxes due in accordance with the tax laws of the state(s) where the equipment is located. For tax related questions, call the Customer Service number above.

CHASE for BUSINESS

Printed from Chase for Business

FAMILY VALUES RI Serving Fam	ESOURCE INSTITUTE, INC nilles for Over 20 Years 0. 80x 74403 ROUGE, LA 70874 23-359-9001	CHASE O Minorpan Chace Bank, N.A. www.Chacacom 84-13/654	505
PAY TO THE	ROUGE LA 70874 25-399-9001 Inden Financial Services, Inc	on-13/004	5/29/2018 \$ **218.98
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Postage + \$9.55

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               70805-2711
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                                 1:45 PM
05/15/2018
Final
                        Sale
Product
                                    Price
                        Qty
Description
                                  $7.25
PM 1-Day
    (Domestic)
    (BATON ROUGE, LA 70804)
(Weight:1 Lb 5.30 0z)
(Expected Delivery Date)
(Wednesday 05/16/2018)
                                  $3.45
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     (90USPS Certified Mail #)
(70171450000032253099)
                                  $2.75
 Return
 Receipt
      (@@USPS Return Receipt #)
      (9590940230977124057526)
                                 $13.45
Total
                                 $13.45
Debit Card Remit'd
     (Card Name: VISA)
     (Account #:XXXXXXXXXXXXXXX9477)
     (Approval #:
     (Transaction #:208)
     (Receipt #:008832)
     (Debit Card Purchase:$13.45)
     (Cash Back: $0.00)
    (Entry Mode:Chip)
(AID:A0000000980840)
     (Application Label: US DEBIT)
     (PIN: Verified by PIN)
(Cryptogram: F23F1314FF19572C)
     (ARC:00)
     (CVR: 420000)
     (IAD:06010A03602000)
     (TSI:6800)
     (TVR:8000048000)
Includes up to $50 insurance
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Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply, You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of insurance. For information on filing

https://www.usps.com/help/claims.htm.

an insurance claim go to

GBP DIRECT Office Supplies

Remit To: 133 E. Third Street • Kenner, LA 70062

CUSTOMER # ODFVRI DEPT BILLING ADDRESS FAMILY VALUES RESOURCE INS.

7515 SCENIC HWY BATON ROUGE

LA 70807

CHARGE INVOICE ROUTE # S1 INVOICE DATE | INVOICE NO. 05/07/18 546851-0 SALESMAN 123 WRITER 159 PAGE 1 FEDERAL #72-1496942

PO # SHIPPING ADDRESS

FAMILY VALUES RESOURCE INS.
*** CLOSED ON FRIDAY ***

7515 SCENIC HWY

ATON ROUGE LA 70807

DOON NOVE		LA 10801		BATON RO		LA 70807
TEM NBR.	co.	DESCRIPTION UNIT		S/O SHIP	UNIT D PRICE T	EXTENDED
645 3015 0211 0TAP10 3108	PAP WAU BIC	**Attention : SHARPENER, PCL, ELECT, EZ ERASER, PCL CAP, ARRWH BZ PAPER, VLM, EXACT, 67#, PI TAPE, COR, WITE-OUT BZ PAPER, PAD, LEGAL, LTR, DZ	1 1 1 1	96700	65.490 C 7.800 C 11.790 C 21.690 C 9,490 C	65.49 7.80 11.79 21.69
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			M		(049	
	Mary Control					
					,	
	4	IN	IVOICE		TAX TOTAL	11.63 127.89

New Orleans: 504.464.0000 phone 504.464.4099 fax

Baton Rouge: 225.774.8773 phone 225.774.9824 fax

Northshore: 985.748.7000 phone 225.774.9824 fax

Remit To: 133 E. Third Street . Kenner, LA 70062

BILLING ADDRESS

7515 SCENIC HWY

FAMILY VALUES RESOURCE INS.

ODFVRI DEPT

CUSTOMER #

CHARGE

INVOICE

ROUTE # S1

INVOICE DATE INVOICE NO. 05/24/18 549292 0 SALESMAN 123

WRITER 159 PAGE FEDERAL #72-1496942

PO #

SHIPPING ADDRESS

FAMILY VALUES RESOURCE INS.

*** CLOSED ON FRIDAY ***
7515 SCENIC HWY
BATON ROUGE 1.*

ATON ROUG		LA 70807		7515 SCEN	IC HWY	LA 70807
TEM NBR.	co.	DESCRIPTION .		B/O SHIP OTY OTY	UNIT D PRICE T	BXTENDED
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		V ec	5/24/18			
			Healt	\mathcal{D}	>	
	2000	AMODINAL CALMENTER OF STREET	INVOICE		FAX FOTAL	23.69 260.60

New Orleans: 504.464.0000 phone 504.464.4099 fax

Baton Rouge: 225,774,8773 phone 225,774,9824 fax

Northshore: 985.748.7000 phone 225.774.9824 fax

fice Supplies

and also the backs of the Burker's but the Burker's and Burker's and the Additional of the Burker's bull	A CHARLES	Higgs discount in a continue of the B	Section (Sept. Section 1970)
FAMILY VALUES RESOURCE INSTITUTE INC			1084
PO BOX 74403 BATON ROUGE, LA 70874 (225) 35 0-9 001		tantanie	84-438/652 01
(220) 300-9001	DATE	<u> </u>	Worlder to this
GBP Durct.		\$ <i>3</i>	88.49
ce Gundred eighty-light dollar	N 4 49/	100 - DOLL	ARS 🔘 🚟
Guaranty Bank			

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>065000090< CAPITAL ONE, NA 0006883060 06042018 RICHMOND, VA 033 21 Deposit 0812328522



(NOT FOR PAYMENTS)
DEPARTMENT # 102430
PO BOX 1259
OAKS, PA 19456
6400 0210 NO RP 05 05062018 NNNNNNNY 01 000877 0003



FAMILY VALUES RESOURCE INSTITUTE INC 7515 SCENIC HWY BATON ROUGE LA 70807-5447

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ACCOUNT SUMMARY as of Ma	y 5, 2018
Previous Balance	\$551.24
Payment Received - Apr 23	-\$551.24
Remaining Previous Balance	\$0.00
New Charges: May 5, 2018 - Jun 4, 20	18
□ fv	\$85.99
1 Internet	\$115.00
Telephone	\$264.75
Cox Toll Free	\$5.00
Usage Charges(Phone)	\$2.56
Taxes, Fees and Surcharges	\$80.51
New Charges	\$553.81
Total Due By May 27, 2018	\$553.81



Page 1 of 4

866-272-5777

Account Number

001 5711 071045903

COX PIN

7515

SERVICE ADDRESS 7515 SCENIC HWY

BATON ROUGE, LA 70807-5447

DID YOU KNOW you can Chat with us anytime? We're available 24 hours a day, 7 days a week for billing and technical support. Visit cox.com/chat or download the Cox Connect mobile app and Message Us to get started.

Telephone \$ 250.00 Internet +\$ 75.00

May 05, 2018 bill for FAMILY VALUES RESOURCE INSTITUTE

Account Number 001 5711 071045903

7515 SCENIC HWY

Service at

BATON ROUGE, LA 70807-5447

Total Due By May 27, 2018

\$553.81

COX BUSINESS PO BOX 919243 DALLAS TX 75391-9243

Medle Halle Milligh գույր իրկանի հետև

Business*

With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access

your account online any time, all while saving trees! Sign up today at

Make Your Life Easier and GO GREEN!

www.coxbusiness.com/myaccount!

May 05, 2018 Bill for FAMILY VALUES RESOURCE INSTITUTE

Account number 001 5711 071045903

Page 2 of 4

MONTHLY SERVICES May 5 - Jun 4	
TV = -	
Digital Adapter	\$2.99
Cox Business TV Starter (qty 2)	20.00
Business TV Essential (qty 2)	38.00
Cox Business Advanced TV	4.00
Business TV DVR/HD Advanced Receiver	8.50
Other Fees and Surcharges	
Regional Sports Surcharge	\$5.00
Broadcast Surcharge	7.50
Total TV	\$85.99
INTERNET	
CBI 100 - 100 Mbps x 20 Mbps	\$115.00
Total Internet	\$115.00
TELEPHONE	
225-355-2725	
VoiceManager Flat Rated Local Line	\$25.00
Network Interface Fee - Multi-Line	9.25
VoiceManager Enhanced Package	0.00
Cox Business Unlimited	5.00
Business VoiceManager Group Hunting	0.00
Individual Voice Mailbox	0.00
225-355-2333	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.2
VoiceManager Enhanced Package	0.00
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00

Monthly Services cont. 225-356-1101	
	25.00
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
VoiceManager Enhanced Package	0.00
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
225-357-6822	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
VoiceManager Enhanced Package	0.00
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON	0.00
PUBLISHED	
225-357-6880	25.00
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
VoiceManager Enhanced Package	0.00
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
225-359-9001	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
VoiceManager Enhanced Package	0.00
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON	0.00
PUBLISHED	3.55
225-355-2742	
VoiceManager Flat Rated Local Line	15.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00

DIRECTORY LISTING-NON

PUBLISHED

Payment options

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing. Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



0.00

May 05, 2018 Bill for FAMILY VALUES RESOURCE INSTITUTE
Account number 001 5711 071045903
Page 3 of 4

Monthly Services cont. VoiceManager Utility Line	0.00
Total Telephone	\$264.75
COX TOLL FREE 855-696-2333	7, - 3 ÷ 11
Cox Toll Free Svc - Switched	\$5.00
Total Cox Toll Free	\$5.00
TOTAL MONTHLY SERVICES	\$470.74
USAGE CHARGES	
Telephone Usage Usage for 225-355-2725	
Intrastate Long Distance (qty 3)	\$0.00
Usage for 225-355-2333	
Interstate Cox LD - CB	0.00
Usage for 225-357-6822	
Interstate Cox LD - CB (qty 2)	0.00
Usage for 225-359-9001	
Intrastate Long Distance (qty 15)	0.00
Interstate Cox LD - CB (qty 4)	0.00
Usage for 225-355-2742	
Interstate Cox LD - CB	0.00
Total Telephone Usage	\$0.00
Toll Free Usage Usage for 855-696-2333	
Interstate Toll Free - CB (qty 2)	\$0.22
intrastate Toll Free - CB (qty 7)	2.34
Total Toll Free Usage	\$2.56
TOTAL USAGE CHARGES	\$2.56

TAXES, FEES AND SURCHARGES	
TV Taxes and Fees	
FCC Fee	\$0.08
Franchise Fee	4.71
PEG Access Fee	0.47
Total TV Taxes and Fees	\$5.26
Telephone Taxes, Fees and Surcharges Taxes	
E-911 Tax (Commercial)	\$10.50
Interstate Telecomm Services	0.16
Federal Excise Tax	7.56
State Sales Tax	10.81
Total Taxes	\$29.03
Fees and Surcharges	
Access Recovery Fee - Multi-Line	\$10,00
Telecommunications Tax for the Deaf	0.35
Carrier Cost Recovery Fee	0.68
Federal Universal Service Fund	18.32
Public Utility Excise Tax	11.99
Louisiana Universal Service Fund	4.88
Total Fees and Surcharges	\$46.22

Taxes, Fees and Surcharges cont.	
Total Telephone Taxes, Fees and Surcharges	\$75.25
TOTAL TAXES, FEES AND SURCHARGES	\$80.51
TOTAL NEW CHARGES	\$553.81

IIILI dəta	ate Long Distanc	:e	2.07	B	
Time Apr 18	Place	Number	Min: Sec	Rate/ Time	Amt
09:48A Apr 23	LK CHARLES,LA	337-540-1436	1:00	DD/D	0.000
09:42A May 1	LK CHARLES,LA	337-540-1436	1:06	DD/D	0.000
11:56A	ALEXANDRI ,LA	318-314-3064	:48	DD/D	0.0000
Total Int	rastate Long Dista	nce	2:54		\$0.00

intersta	ite Long Distanc	e			
Time	Place	Number	Min: Sec	Rate/ Time	Amt
Apr 23 09:25A	ATLANTA N ,GA	678-830-2600	1:42	DD/D	0.0000
Total Int	erstate Long Dista	nce	1:42		\$0.00

TELEPHONE USAGE DETAILS for 225-357-6822

Total Interstate Long Distance

02:09P LAFAYETTE ,LA

11:45A MONROE ,LA

11:45A NEW IBERIA, LA

Apr 30

Intersta	ite Long Distance				
Time	Place	Number	Min: Sec	Rate/ Time	Amt
Apr 18					
09:37A May 2	HOUSTON ,TX	832-294-4313	2:00	DD/D	0.0000
 12:53P	GREENVILLE.SC	864-567-7289	:24	DD/D	0.0000

2:24

:36 DD/D

2:00 DD/D

:06 DD/D

0.0000

0.0000

0.0000

\$0.00

•			DETAILS for 225	-359-90	101	
intrast	ate Long Di	star	ice	Min:	Rate/	
Time	Place		Number	Sec	Time	Amt
Apr 9						
02:58P	LEESVILLE	,LA	337-239-9863	1:18	DD/D	0.0000
Apr 10						
04:01P	LEESVILLE	,LA	337-397-0271	6:54	DD/D	0.0000
Apr 11						
02:28P	NEWORLEA	•	504-835-6520	3:36	DD/D	0.0000
02:40P	ALEXANDRI	,LA	318-314-3064	:12	DD/D	0.0000
02:41P	MARKSVILLI	E,LA	318-305-7301	1:12	DD/D	0.0000
Apr 18						
10:51A		•	985-498-6188	3:24	DD/D	0.0000
11:38A		•	318-614-6134	3:12	DD/D	0.0000
02:15P	ALEXANDRI	,LA	318-790-3652	:48	DD/D	0.0000
Apr 19						
10:49A		•	504-210-5728	:06	DD/D	0.0000
01:02P	MONROE	,LA	318-614-6134	16:54	DD/D	0.0000
01:22P		,LA	318-614-6134	:12	DD/D	0.0000
02:28P	LK CHARLES	,LA	337-912-6805	2:42	DD/D	0.0000
Apr 24						

337-983-6167

318-614-6134

337-321-6298

May 05, 2018 Bill for FAMILY VALUES RESOURCE INSTITUTE

Account number 001 5711 071045903

Page 4 of 4

Telepho	ne Usage D	etail	s cont.			
	Total Intrastate Long Distance			43:12		\$0.00
intersta	ite Long Di	stanc		Min:	Rate/	
Time	Place		Number	Sec	Time	Amt
Apr 18						
02:13P	BEVERLYHL	,CA	310-623-7738	:12	DD/D	0.0000
Apr 24						
03:43P	ATLANTA N	,GA	678-830-2600	2:12	DD/D	0.0000
May 1						
01:59P	GRENADA	,MS	662-230-7330	10:24		0.0000
02:25P	GRENADA	,MS_	662-230-7330	:54	DD/D	0.0000
	erstate Long	g Dista	nce	13:42		\$0.00

TELEPHONE USAGE DETAILS for 225-355-2742 Interstate Long Distance Min: Rate/

Time	Place		Number	Sec	Time	Amt
May 3 12:23P	TULSA	,OK	918-526-1441	1:42	DD/D	0.0000
	erstate Lo	ng Dista	nce	1:42		\$0.00

TELEPHONE USAGE DETAILS for 855-696-2333

Interst	ate Toll Fre	е	From	Min:	Rate/	
Time	Place		Number	Sec	Time	Amt
Apr 24 01:41P	JACKSONVL	,FL	904-923-8859	:12	DD/D	0.0100
May 3 03:08P	MOBILE_	,AL	251-508-0000	4:06	DD/D	0.2050
Total In	terstate Toll	Free		4:18		\$0.22
_						

Intrastate Toll Free				
Time Place	From Number		Rate/ Time	Amt
Apr 9 04:19P BATONROUG,LA	225-287-8117	1:42	DD/D	0.0850
Apr 13 10:33A LK CHARLES ,LA	337-540-1436	18:12	DD/D	0.9100
Apr 20 10:29P BATONROUG,LA	225-336-5430	13:00	DD/E	0.6500
Apr 23 09:10A BATONROUG,LA	225-287-8117	10:24	DD/D	0.5200
Apr 29 03:15P BATONROUG,LA	225-239-3424	1:00	DD/N	0.0500
03:17P BATONROUG,LA 03:18P BATONROUG,LA	225-239-3424 225-239-3424	:36 1:54	DD/N DD/N	0.0300 0.0950
Total Intrastate Toll Free		46:48		\$2.34

Rate Codes

DD = Direct Dial

Time Codes

D = Day
N = Night/Weekend

E = Evening

CUSTOMER INFORMATION

Billing, Payment Policles and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On

Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment

Customer Information cont.

listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. if payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services: if your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will not be available. Please review the following website for additional important information about Cox's 911 practices: https://www.cox.com/business/phone/e911-regulatory.htmi.

Louisiana Do Not Cail List

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at http://www.lpsc.org. Business numbers may not be included on the list. To be included in the National "Do Not Cail" registry, please contact the FTC at 1-888-382-1222 or visit www.donotcall.gov.

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: www.lpsc.org/donotcall, or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BOX 1471, BATON ROUGE, LA 70821

1083 **FAMILY VALUES RESOURCE INSTITUTE INC** PO BOX 74403 -- BATON ROUGE, LA 70874 (225) 359-9001 \$ 553.81 FOR ACC+ #: 0015711071045903 #OO1083# #D65204980# O1 5552 7# 200000553B12

> CLEHEL S CR TO NMD 00623704

Public Relations

Resource & Fund Development, LLC

Invoice

5525 Superior Drive, Ste. C2 Baton Rouge, LA 70816

Professional

Date	Invoice #
6/4/2018	95

Bill To	Public Pelatine 800.00 +
FVRI	Fuglysha - 900.00 +
7515 Scenic Highway	1,304.86 +
Baton Rouge, LA 70807	Hect/Book (1,304.86 +
	Public Relation 800.00 + Evaluation - 900.00 + Hect Book Hosp 1,304.86 + Acet Book egg (4,309.72) *
	0. c
	Total

P.O. No.	Terms	Project
:	41	

			-		
Quantity	Description		N	Rate	Amount
	Public Relations activities for May 2018: * Scheduled several appointments with Ashley and Micha * Met with Sarah on several occasions of nola.com. * Responded to emails	el of nola.com.		800.0	
	<u> </u>	~		 Гotal	\$800.00

EValuation
Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2 Baton Rouge, LA 70816

Invoice

Date	Invoice #
6/4/2018	94

Bill To	
FVRI 7515 Scenic Highway Baton Rouge, LA 70807	

P.O. No.	Terms	Project

Evaluation Activities for May 2018 Requested data from subcontractors and reminded them of deadline. Reminded subcontractors to complete the client service forms. Responded to subcontractors telephone calls. Checked for subcontractors whose data was not on the Number of Women Who Commit to Full-Term Pregnancy, report. Entered data on TANF database. Called Barbara Thomas that data had been entered on TANF database. Emailed and called Michael Ferris that data was complete and ready for approval. Sent email to Barbara and Michael re year-to-date performance indicators, and suggestions for corrective actions.	Quantity	Description		Rate		Amoun	it
		Evaluation Activities for May 2018 Requested data from subcontractors and reminded them of deadli Reminded subcontractors to complete the client service forms. Responded to subcontractors' emails. Responded to subcontractors telephone calls. Checked for subcontractors' data on database. Checked for subcontractors, whose data was not on the Number of Commit to Full-Term Pregnancy, report. Entered data on TANF database. Called Barbara Thomas that data had been entered on TANF data Emailed and called Michael Ferris that data was complete and respond to Barbara and Michael re year-to-date performance in	of Women Who base. ady for approval.		900.00		900.0

Total

\$900.00

Online Client Database

waycool software, inc.

234 Mountain Forest Trail Calera, AL 35040

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	_	•	•	•	_	_

DATE	INVOICE#	
5/31/2018	MB-19249	

BILL TO

Louisiana Alliance for Life Cenla Pregnancy Center PO Box 13907 Alexandria, LA 71315 ON/ne apart
Date Base
75.00 +
75.00 +
90.00 +
50.00 +
50.00 +

90•00 + 455•00 M+ ••0•• 50,00

DUE DATE

6/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M	CoolFocusWeb Monthly Lease		50.00	50.00
			1	
		3		
-				
			!	
	•			
			<u> </u>	L. ,_,_,

Total \$50.00

Payments/Credits \$0.00

\$50.00

Balance Due

Phone #

888-746-6753

E-mail

mike@waycoolsw.com



Payment sent We sent a confirmation email.

WayCool Software, Inc.

Think colors to CARSTANDA 430

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paidJune 13, 2018

Payment method Checking ••••1380

Transaction IDa0i9acb6

Transactions Details

Posting Date	06/14/2018
Transaction Date	06/14/2018
Description	WAY COOL SOFTWAR
Transaction Type	Debit
Amount	\$50.00
Balance	!

Online Client Database

waycool software, inc.

234 Mountain Forest Trail Calera, AL 35040

Invoice

DATE	INVOICE#
5/31/2018	MB-19282

BILL TO	
Louisiana Alliance for Life Crossroads Pregnancy Resource Center 105 Saint Louis Street Thibodaux, LA 70301	
	P.

DUE DATE

6/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M	CoolFocusWeb Monthly Lease		75.00	75.00
· ·	**************************************	Tot	al	\$75.0

mike@waycoolsw.com

Phone # 888-746-6753

	Payments/Credits	\$0.00
E-mail	Balance Due	\$75.00

Online Client Database

Payment sent We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19282

Invoice total \$75.00

Amount paid \$75.00

Balance Due \$0.00

Date paidJune 13, 2018

Checking ••••1380
Payment method

Transaction IDa0i9aek7



Transactions Details

Posting Date		06/14/2018
Transaction Date		06/14/2018
Description	A	WAY COOL SOFTWAR
Transaction Type	4.4	Debit
Amount		. \$75.00
Balance		\$30,019.19

On line Chent Database

waycool software, inc.

234 Mountain France

234 Mountain Forest Trail Calera, AL 35040

888-746-6753

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DATE	INVOICE#
5/31/2018	MB-19360

	_
Louisiana Alliance for Life Life Choices of North Central Louisiana 211 West Texas Avenue Ruston, LA 71270	

DUE DATE

6/30/2018

ITEM	DESCR	RIPTION	ΩТ	Υ	RATE	AMOUNT
CoolFocus Web M CoolFocus Text S	CoolFocus Web Monthly Lea CoolFocus Text Service	ase			75.00 15.00	75.00 15.00
		4	a	*		
				-		
		3				
				Total		\$90.00
		1,0	<u> </u>	Payment	s/Credits	\$0.00
Phone #		E-mai	1	Balanc	e Due	\$90.00

mike@waycoolsw.com



Payment sent We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19360

Invoice total \$90.00

Amount paid \$90.00

Balance Due \$0.00

Date paidJune 13, 2018

Payment method Checking ••••1380

Transaction IDa0i9afv6

Online Client Database HANCOCK WHITNEY

INV#NB-1936

Transactions Details

Posting Date	06/14/2018
Transaction Date	06/14/2018
Description	WAY COOL SOFTWAR
Transaction Type	Debit
Amount	\$90.00
Balance	William of the State of Control o

Online Client Database

Waycool software, inc.

234 Mountain En 17

234 Mountain Forest Trail Calera, AL 35040

M	\ #	0	~	
	v			•
	•	•	•	•

DATE	INVOICE#
5/31/2018	MB-19449

BILL TO Louisiana Alliance for Life Pregnancy Problem Center 4724 Jamestown Avenue Baton Rouge, LA 70808

DUE DATE

6/30/2018

					6/30/2018
ITEM	DESCRIPT	TION	QTY	RATE	AMOUNT
CoolFocusWeb M	CoolFocusWeb Monthly Lease			50.00	50.00
			1 **		
					,
			Total		\$50.00
			Paym	ents/Credits	\$0.00
Phone #		E-mail	Bala	nce Due	\$50.0
888-746-675	_	mike@waycoolsw.com			



Payment sent We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19449

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paidJune 13, 2018

Checking ●●●●1380 Payment method

Transaction IDa0i9ah36



Transactions Details

Posting Date	06/14/2018
Transaction Date	06/14/2018
Description	WAY COOL SOFTWAR
Transaction Type	Debit
Amount	\$50.00
Balance	

Online Client Database

waycool software, inc.

234 Mountain Forest Trail Calera, AL 35040

Invoice

DATE	INVOICE#
5/31/2018	MB-19528

BILL TO	
Louisiana Alliance for Life	
Woman's New Life Center-Baton Rouge	
760 Colonial Dr	
Baton Rouge, LA 70806	

DUE DATE

6/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M	CoolFocusWeb Monthly Lease		50.00	50.00
	0.0		-10-	
		ļ		
	2			
	<u> </u>	L	<u></u>	

Payment sent We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19528

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paidJune 13, 2018

Payment method Checking ••••1380

Transaction IDa0i9aio5

Transactions Details

Posting Date	06/14/2018
Transaction Date	06/14/2018
Description	WAY COOL SOFTWAR
Transaction Type	Debit
Amount	\$50.00
Balance	

Online Client Database waycool software, inc.

234 Mountain Forest Trail Calera, AL 35040

Invoice

DATE	INVOICE#
5/31/2018	MB-19530

BILL TO	4.0	
Louisiana Alliance for Life Women's Center of Lafayette 1331 Jefferson Avenue Lafayette, LA 70501		

DUE DATE

6/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M	CoolFocusWeb Monthly Lease		50.00	50.00
	1		otal	\$50.00

Payments/Credits

Balance Due

Phone #

888-746-6753

E-mail

mike@waycoolsw.com

\$0.00

\$50.00

Payment sent We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19530

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paidJune 13, 2018

Payment method Checking ••••1380

Transaction IDa0i9ajyy

Posting Date	06/14/2018	
Transaction Date	06/14/2018	
Description '	WAY COOL SOFTWAR	
Transaction Type	Debit	
Amount	\$50.00	
Balance		

Online Client Database

Waycool software, inc.

234 Mountain Forest Trail Calera, AL 35040

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		•	V		v	v

DATE	INVOICE#
5/31/2018	MB-19297

BILL TO

Louisiana Alliance for Life Family Values Resource Institute, Inc. Post Office Box 74403 Baton Rouge, LA 70874

DUE DATE

6/30/2018

	····	····	· · · · · · · · · · · · · · · · · · ·		
ITEM	DESCRIPTION	ON	QTY	RATE	AMOUNT
CoolFocus Web M CoolFocus Text S	CoolFocusWeb Monthly Lease CoolFocus Text Service	JN .	QIY	75.00 15.00	75.00 15.00
				nents/Credits	\$90.00 \$0.00
Phone #		E-mail	Bal	ance Due	\$90.0
888-746-675	3	mike@waycoolsw.com			



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-19297

Invoice total \$90.00

Amount paid \$90.00

Balance Due \$0.00

Date paidJune 13, 2018

Payment method Checking ••••1380

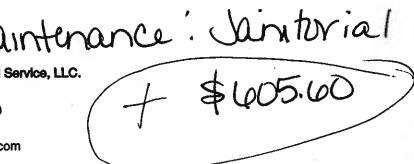
Transaction IDa0i9anka



06/14/2018	
06/14/2018	
WAY COOL SOFTWAR	
Debit	
\$90.00	

Willing Mind Janitorial Service, LLC.

P. O. Box 1773 Prairieville, LA 70769 (225) 677-9839 wmjanitorial@yahoo.com





INVOICE

BILL TO

Barbara J. Thomas Family values Resource Institute, Inc. 7515 Scenic Highway Baton Rouge, La. 70807

INVOICE # 2594 DATE 06/01/2018 DUE DATE 06/01/2018 TERMS Due on receipt

ACTIVITY

Services

Monthly Janitorial Service

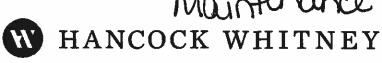
AMOUNT

757.00

BALANCE DUE

\$757.00

HETNEY 80% \$60560

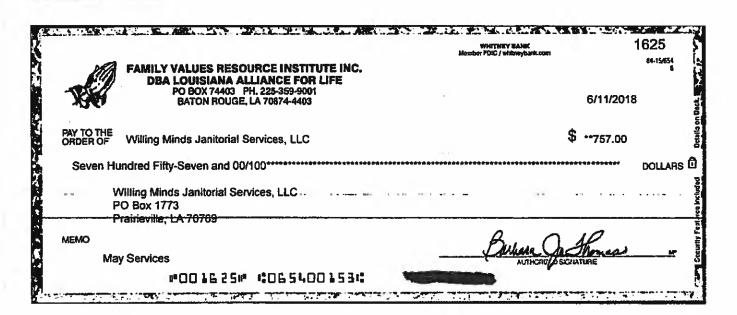


Transactions Details

Posting Date	06/12/2018	
Transaction Date	06/12/2018	
Description	DDA CHECK 000000162	
Transaction Type	Debit	
T/C	0077	
Amount	\$757.00	
Balance		

Front

Back





06/12/2018	
06/12/2018	
DDA CHECK 0000001625	
Debit	
0077	
\$757.00	

Front Back

Capital One, N.A. Richmond VA 065000090

41103RPG6681020180612000074783156

Capilal One, N.A. Richmond VA 065000090 41103RPG6681020180612000074783156 >065000090<

CAPITAL ONE, NA 0031700100 06122018

RICHMOND, VA 023 21

Deposit

2081557678

Imaging - View Transaction TWO W KLUTTONS Page 1 of 1

EVALUATION \$ 900.00

FAMILY VALUES RESOURCE INSTITUTE INC
PO BOX 7400
BBATON ROUGE, LA 70074
(228) 350-3001

DATE 6/11/30/8

BOTTON BATON BATON

Accounting / Bookkeeping

Latosha Isaac

1175 Lakemont Dr. Baton Rouge, LA 70816

\$ 1,	304.86	
	Invoice	

Date	Invoice #
5/15/2018	45

Description	Α	Amount		
ookkeeping Services - May 1 thru May 15		1,646.57		
	ļ.			
	•			
	1			
	ļ			
4	•			
		4		
	Total	\$1,646.5		
	Total	#1,0 4 0		



Posting Date	05/14/2018		
Transaction Date	05/14/2018		
Description	PAYROLL PAYCHEX INC. 051418		
Transaction Type	Debit		
T/C	0036		
Amount	\$1,646.57		
Balance	The state of the s		

Accounting / Bookkeeping \$ 1304.86

1175 Lakemont Dr. Baton Rouge, LA 70816

Date	Invoice #
5/31/2018	46

Bill To	0
Louisiana Alliance For Life Family Values Resouce Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807	

Description		Amount
okkeeping Services - May 16 thru May 31		1,646.57
	- 1	
	Total	\$1,646.57
	1000	
	1	



\$1304.10 Page 1 of

Posting Date	05/29/2018
Transaction Date	05/29/2018
Description	PAYROLL PAYCHEX INC. 052918
Transaction Type	Debit
T/C	• 0036
Amount	\$1,646.57
Balance	



Posting Date	06/14/2018
Transaction Date	06/14/2018
Description	PAYCHEX INC.
Transaction Type	Debit
Amount	\$17,600.00
Balance	THE WARRY CO. LAND CO

70tal 2,200.00 + 1,200.00 + 3,200.00 + 1,200.00 + 1,200.00 + 3,200.00 + 3,200.00 + 3,200.00 + 1,7,600.00 *

Subcontractor Payments

PAYROLL JOURNAL

(Prior to Processing)

0060 0060-T846 Family Values Resource Institute Inc

		DEFINITION OTHER	PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY	
5	DESCRIPTION RATE	S EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS	
							•••••
**** 300 1099 Cenia Pregnancy(IC) 38	1099 Misc Comp		2,200,00			Direct Deposit # Unknown Check Amt 0. Chkg 1255 2,200.	nknown 0.00 2,200.00
	EMPLOYEE TOTAL		2,200,00			Net Pay 2,2	2,200.00
Crossroads Preg(IC) 20	1		1,200:00			Direct Deposit # Unknown Check Amt 0.1 Chkg 1232 1,200.1	1,200.00
	EMPLOYEE TOTAL		1,200,00			Net Pay 1,2	1,200.00
Life Choices of(IC)			3,200,00			Direct Deposit # Unknown Check Amt 0.3 Chkg 3581 3,200.1	3,200.00
	EMPLOYEE TOTAL		3,200.00			Net Pay 3,2	3,200,00
Pregnancy Probl(IC) 22	1099 Misc Comp		2,200;00			Check Amt 0.0.1	0.00 2,200.00
	EMPLOYEE TOTAL		2,200,00			Net Pay 2,2	2,200.00
Womens Center o(IC) 27	1099 Misc Comp		3,200,00			Check Amt 0.1 Chkg 9749 3,200.	0.b0 3,200.b0
	EMPLOYEE TOTAL		3,200,00			Net Pay 3,2	3,200.bo
Womens Help Center (IC) 28	1099 Misc Comp		3,200,00			Check Amt 0.5 Chkg 8002 3,200.	3,200.00
	EMPLOYEE TOTAL		3,200,00			Net Pay 3,2	3,200.00
Womens New Life(IC) 24			1,200,00 1,200,00	=		Check Amt 0.1 Chkg 0051 2,400	0.00 2,400.00
	EMPLOYEE TOTAL		2,400.00			Net Pay 2,4	2,400.00
300 1099 TOTALS 7 Person(s) 7 Transaction(s)			17,600.00			Check Amt Dir Dep 17,6	0.00 17,600.00
	300 1099 TOTAL		17,600.00			Net Pay 17,6	17,600.00
COMPANY TOTALS 7 Person(s) 7 Transaction(s)	1099 Misc Comp		17,600.00			Check Amt Dir Dep 17.6	0.b0 17,600.p0

PAYROLL JOURNAL

0060 0060-T846 Family Values Resource Institute Inc

(Prior to Processing)

100 Basecierroot and the LANDANY TOTAL COMPANY TOTAL COMPA	EMPLOYEE NAME	HOURS, EARNINGS, REIMBURSEMENT	EIMBURSE!	MENTS & OTHER	'S & OTHER PAYMENTS	WITHHOLDINGS	DEDUCTIONS	Lak	PAY
Med Pay	9		HOURS		REIMB & OTHER PAYMENTS				АТІОИВ
		COMPANY TOTAL		***************************************	17,600,00	***************************************			17,600,00
	(IC) = Independent Contractor								***************************************

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************						************************************
								2244banna 2644a	***************************************

Period Start - End Date 05/01/18 - 05/31/18 Check Date 06/15/18

0060 0060-T846 Femily Values Resource Institute Inc. Run Date 06/13/18 02:05 PM

CASH REQUIREMENTS

0060 0060-T846 Family Values Resource Institute Inc

CASH REQUIRED FOR NEGOTIABLE CHECKS &/OR ELECTRONIC FUNDS TRANSFERS (EFT) FOR CHECK DATE 06/15/18: \$17,600.00

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SUMMARY
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TRANSACTION
-
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SUMMARY BY TRANSACTION TYPE.

TOTAL ELECTRONIC FUNDS TRANSFER (EFT)
CASH REQUIRED FOR NEGOTIABLE CHECKS &/OR EFT
TOTAL REMAINING DEDUCTIONS / WITHHOLDINGS / LIABILITIES
CASH REQUIRED FOR CHECK DATE 06/15/18

17,600.00 17,600.00

TRANSACTION DETAIL

ELECTRONIC FUNDS TRANSFER - Your financial institution will initiate transfer to Paychex at or after 12:01 A.M. on transaction date.

TRANS, DATE

BANK NAME HANCOCK BANK OF

ACCOUNT NUMBER XXXX1380

PRODUCT Direct Deposit

Net Pay Allocations DESCRIPTION

17,600.00

BANK DRAFT AMOUNTS A. OTHER TOTALS 17,600.00

EFT FOR 06/14/18

17,600.00 17,600.00

TOTAL EFT

0.00

YOU ARE RESPONSIBLE FOR MAKING THESE TAX DEPOSIT(S) ON OR BEFORE THE DUE DATE

DUE DATE 06/20/18

Payroll Payroll

DESCRIPTION Fed Backup

REPLACEMENT

0050 0060-T846 Family Values Resource institute Inc Run Date 06/13/18 02:05 PM

05/01/18 - 05/31/19 06/15/18